


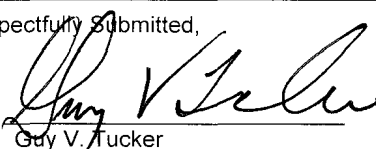
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Schuler et al.	Group Art Unit: 3731
Application No: 10/601,127 Confirmation No: 5998	Examiner: Darwin P. Erizo
Filed: June 19, 2003	Attorney Docket No: NK.0047.10
Title: SYSTEMS AND METHODS FOR AEROSOLIZING PHARMACEUTICAL FORMULATIONS	June 6, 2008 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Electronically Filed: <input checked="" type="checkbox"/> Response to Final Office Action dated 03/06/08 <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
	Total \$ 0.00		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	26	52	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	6	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Total						\$0.00

Fee Payment		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	\$0.00	
Fee for Extra Claims	\$0.00	
Total	\$0.00	

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00. CERTIFICATE OF TRANSMISSION (37 C.F.R. ' 1.8a): I hereby certify that this correspondence is being electronically filed, on the date shown below. <div style="display: flex; justify-content: space-between;"> <div> By:  Leslie Mills </div> <div> Date: <u>June 6, 2008</u> </div> </div>		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, California 94107 Respectfully Submitted, <div style="display: flex; justify-content: space-between;"> <div> By:  Guy V. Tucker Registration No. 45,302 </div> <div> Date: <u>June 6, 2008</u> </div> </div>
---	--	--